

South West Care Homes Limited

Michaelstowe

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 13 and 14 December 2018.

Michaelstowe is a care home without nursing for up to 24 people. On the day of our inspection there were 24 people living at the service. It specialises in care for older people some who are living with dementia.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 23 December 2016, the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service remains Good:

We met and spoke with all the people living in Michaelstowe during our visit. However, not all people were able to fully verbalise their views. Due to people's needs, we spent time observing people with the staff supporting them. Others could tell us about the care and support they received. Staff told us and we observed other methods of communication with people were used who could not verbally express their views, for example the use of visual objects.

People remained safe at Michaelstowe. People who were able to told us they felt safe living there. Comments received about the service included; "Look after you well here, well fed and no cause to complain. The staff are friendly and caring" also "People who look after us are brilliant, very good home and can't find anything wrong with the place." A relative said; "All staff very approachable, extremely caring, friendly. Mum's happy – then I'm happy."

People continued to receive their medicines safely by staff who had received regular training. People were protected by safe recruitment procedures. This helped to ensure staff employed were suitable to work with vulnerable people. People, relatives and the staff team confirmed there were sufficient numbers of staff to keep people safe. Staff confirmed they could meet people's needs and support them when needed.

People's risks were assessed, monitored and managed by staff to ensure they remained safe. Risk assessments were completed to enable people to retain as much independence as possible.

People continued to receive care from a staff team that had the skills and knowledge required to effectively support them. Staff had completed safeguarding training. Staff without formal care qualifications completed the Care Certificate (a nationally recognised training course for staff new to care). The Care Certificate training looked at and discussed the Equality and Diversity and Human Rights policy of the company.

People continued to receive a caring service. People were observed to be treated with kindness and compassion by the staff who valued them. The staff, many who had worked at the service for many years, had built strong relationships with people. All staff demonstrated kindness for people through their conversations and interactions. Staff respected people's privacy. People or their representatives, were involved in decisions about the care and support people received.

People were supported to have maximum choice and control of their lives and, staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's wishes for their end of life were clearly documented. People's healthcare needs were monitored by the staff and people had access to healthcare professionals as required.

People's care and support was based on legislation and best practice guidelines, ensuring the best outcomes for people. People's legal rights were upheld and consent to care was sought. People who required assistance with their communication needs had these individually assessed and met. People were able to make choices about their day to day lives. The provider had a complaints policy in place and records showed all complaints had been fully investigated and responded to.

The service responded to people's individual needs and provided personalised care and support. People's equality and diversity was respected and people were supported in the way they wanted to be. Care plans were person centred and held full details on how people's needs were to be met, taking into account people's preferences and wishes. Information held included people's previous history including medical and family history. People's cultural, religious and spiritual needs were also documented.

The service continued to be well led. Clear leadership and governance was provided with the provider's governance framework, monitoring the management and leadership of the service. The provider's values and vision were embedded into the service, staff and culture. The provider had monitoring systems which enabled them to identify good practices and areas of improvement. People, relatives and staff said the registered manager was approachable and made themselves available to speak to people. The provider and the management team listened to feedback and reflected on how the service could be further improved.

People lived in a service which had been designed and adapted to meet their needs. The provider monitored the service to help ensure its ongoing quality and safety.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

This service remains Good

Is the service effective?

Good ●

This service remains Good

Is the service caring?

Good ●

This service remains Good

Is the service responsive?

Good ●

This service remains Good

Is the service well-led?

Good ●

This service remains Good

Michaelstowe

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one adult social care inspector and an expert-by-experience on 13 and 14 December 2018 and was unannounced on day one. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. At our last inspection of the service in December 2016 we did not identify any concerns with the care provided to people.

During the inspection we spoke to 11 people in detail about their care. Some people living at the service were living with dementia which meant they had limited ability to communicate and tell us about their experience of being supported by the staff team. Staff used other methods of communication to support people, for example by providing visual prompts. Others were able to tell us about the care and support they received. During our inspection we spent time with people and observed daily routines and interactions between people and staff supporting them. This helped us gain a better understanding of people and the care they received at the service.

We also looked around the premises. We spoke to the area manager, registered manager, eight staff and nine relatives. We also spoke to one healthcare professional. We looked at records relating to individual's care and the running of the home. These included four care and support plans and records relating to medicine administration. We also looked at records of how the registered manager and provider ensured the quality monitoring of the service.

Is the service safe?

Our findings

The service continued to provide safe care. People able to said they felt safe with the staff who supported them. Some people who lived in the service were not all able to fully express themselves due to living with dementia. People were observed to be comfortable and relaxed with the staff who supported them. A relative, when asked if their relative was safe at the service said they were because; "Everybody's on hand and someone here at night."

People had sufficient numbers of staff around to keep them safe and ensure people's needs were met. People continued to be protected from abuse because staff understood what action they needed to take should they suspect someone was being abused, mistreated or neglected. Staff were confident the provider and management team would act, but also knew how to access the contact details for the local authority safeguarding team should they have to make an alert directly.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff completed the Care Certificate (a nationally recognised qualification for staff new to care) and this covered Equality and Diversity and Human Rights training as part of this ongoing training. People had detailed care records in place to ensure staff knew how they wanted to be supported.

People continued to receive their medicines safely from staff who had completed medication training. Systems were in place to audit medicine practices and records were kept showing when medicines had been administered. People with prescribed medicines to be taken 'when required' (PRN), such as paracetamol had records in place to provide information to guide staff in their appropriate administration. However, people's medication record sheet held outdated information on people currently prescribed medicines. On day two of our visit we found the registered manager had already made progress to rectify this.

People identified as being at risk had up to date risk assessments in place and people, and if appropriate, their relatives had been involved in writing them. Risk assessments identified those at risk of falls or skin damage and if people were at risk of choking. They showed staff how they could support people to move around the service safely and how to protect people's skin, for example. There was clear information on the level of risk and any action needed to keep people safe. Staff were knowledgeable about the care needs of people including their risks and knew when people required extra support, for example if people became confused due to their dementia. This helped to ensure people were safe.

People's accidents and incidents were documented. People, when needed, had been referred to appropriate healthcare professionals for advice and support when there had been changes or deterioration in their health care needs. For example, the district nurse team.

People lived in an environment which the provider continued to assess to ensure it was safe and secure. The fire system was checked regularly and included weekly fire tests and people had personal emergency

evacuation procedures in place (PEEPs). People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. Staff were competent in their roles and had a very good knowledge of the individuals they supported, which meant they could effectively meet their needs. One relative said; "Wonderful, so friendly and they know her well (their relative)."

People were supported by a staff team who had received regular and updated training to meet their needs effectively. The provider had ensured all staff undertook training the provider had deemed as 'mandatory'. This included dementia care and fire safety. New staff employed completed the Care Certificate (a nationally recognised training course for staff new to care). This covered a range of topics including Equality and Diversity and Human Rights training. Staff completed an induction which also introduced them to the provider's ethos, policies and procedures. Staff were supported and received regular supervision and team meetings were held. This kept them up to date with current good practice models and guidance for caring for people who may be living with dementia.

People had access to external healthcare professionals to ensure their ongoing health and wellbeing. People's care records held details of the professionals involved in their care. People's health continued to be monitored to ensure they were seen by relevant healthcare professionals to meet their specific needs as required. For example, the district nurse team visited people to administer insulin. Staff consulted with healthcare professionals when completing risk assessments and people identified as being at risk of pressure ulcers had guidelines produced to assist staff care for them effectively.

People continued to be supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated. People identified at risk of future health problems through weight loss or choking had been referred to appropriate health care professionals. For example, speech and language therapists. The advice sought was clearly recorded and staff supported people with appropriate food choices. If there were any concerns about a person's hydration or nutrition needs, people had food and fluid charts completed and meals were provided in a safe consistency and in accordance with people's needs and wishes. Care records recorded what food people disliked or enjoyed. Hydration stations were available for people to access snacks and drinks at any time. One person said; "Food's amazing, couldn't be better."

People were encouraged to remain healthy, for example people did activities that helped maintain a healthier lifestyle. For example, chair exercise to maintain their mobility.

People's care files showed how each person could communicate and how staff could effectively support individuals. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives. This showed they were looking at how the Accessible Information Standard would benefit the service and the people who lived in it. The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA),

whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff had completed training about the MCA and knew how to support people who lacked the capacity to make decisions for themselves. Staff encouraged and supported people to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. Records showed independent advocates and healthcare professionals had also been involved in making decisions. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support people in this area. The provider had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

People were not always able to give their verbal consent to care, however staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their personal care needs.

People lived in a service which had been designed and adapted to meet their needs. Specialist equipment in bathrooms meant people could access baths more easily. Some areas of the service required updating, however some updating was under way and additional plans were in place. People lived in a service that continued to be maintained.

Is the service caring?

Our findings

Staff continued to provide a caring service to people. People commented; "Staff treat me with respect and listen to me whatever I've got to say" and "Staff are very good." Family members said; "Home is brilliant. I knew the minute we walked in it was a happy place, lovely staff, very caring." A professional spoken with also said how caring the staff were.

People continued to be supported by staff who were caring and we observed staff treated people with patience, kindness and understanding. People were seen chatting with staff and the conversations were positive and we heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance. People, at times became confused or anxious. The staff then spent time providing reassurance to people, listening and answering people even when the questions were repetitive.

People told us their privacy and dignity was maintained and respected. Staff were seen knocking on people's bedroom doors and asking them if they would like to be supported. We saw people were able to make choices about how they spent their time and were able to spend time in their rooms if they wished. Staff told us how they maintained people's privacy and dignity, in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence.

The management team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. This was in line with their policy on General Data Protection Regulations (GDPR). Staff spoke to us about how people would be treated and cared for equally regardless of their sexual orientation, culture or religion. The management and staff said everyone would be treated as individuals, according to their needs.

People were encouraged to express their views when possible and be involved in any decisions about their care and support. Staff were seen communicating effectively with people. This helped to ensure people were involved in any discussions and decisions as much as possible.

People or their representatives were involved in decisions about their care. People had their needs reviewed on an annual basis or more often if their care needs changed. Family members were seen to have been involved with their relatives' care.

Staff showed concern for people's wellbeing. People with deteriorating health were observed to be well cared for by staff with kindness and compassion while maintaining people's dignity. The care people received was clearly documented and detailed. People now confined to bed due to their deteriorating health, were seen to be comfortable and received continued care and attention from the staff.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This included information from their website which stated; "Our philosophy is to encourage and support our

residents in making choices, and in being independent." This was evidenced through our conversations with the staff team. People received their care from a regular staff team some who had worked at the service for many years. This consistency helped meet people's needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

Is the service responsive?

Our findings

The service continued to be responsive to people. People received support from a staff team who responded and understood their individual needs. People had a pre-admission assessment completed before they were admitted to the service. The registered manager confirmed this enabled them to determine if they could meet and respond to people's individual needs.

People's care records, held on a computerised system, were person-centred and held detailed information on how each person wanted their needs to be met in line with their wishes and preferences. Information recorded showed staff people's preferred daily routines. People's records also held information on people's social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's needs. For example, any decreases in people's general health or dementia were identified and specialist advice was sought. Staff said they encouraged people to make choices as much as they could. Staff said some people were given verbal choices while others were shown visual clues to make choices from.

People received individual personalised care. People's communication needs were effectively assessed and met and staff told us how they adapted their approach to ensure people received individualised support. Information was provided to people in a format suitable to meet their individual needs. For example, easy read and a picture list of activities planned were displayed for people to see and read what was going on.

The service had a culture which recognised equality and diversity amongst the people who lived in the service and the staff team. The management team assured us their own policies reflected this to ensure people were treated equally and fairly.

The provider had a complaints procedure displayed in the service for people and visitors to access. Where complaints had been made, records showed they had been fully investigated and responded to. The provider had taken action to make sure changes were made if the investigations highlighted shortfalls in the service. People had advocates, for example family members, available to them to help ensure people who were unable to effectively communicate, had their voices heard and this information could be provided in a format of people's choice.

People's end of life wishes were documented to inform staff how each person wanted to be cared for at the end of their life, so people's wishes were respected. Professionals said people had their healthcare concerns addressed and attended to at this time, as the provider and staff were always willing to seek advice and support.

People took part in a range of activities and said how much they enjoyed the activity coordinator sessions. Some external entertainers visited the service and staff also arranged everyday activities for people. One person said how they attended a local luncheon club.

Is the service well-led?

Our findings

People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice. People and staff all spoke highly of the registered manager and how approachable they were. Comments included; "Never feel I'm on my own- can always get support" and "Felt welcomed when I came here." A professional comment about the positive changes the registered manager had made to the service.

The provider and area manager provided clear leadership and governance; ensuring the service was overseen. The provider's governance framework helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. For example, systems and process were in place such as, accidents and incidents, environmental, care planning and nutrition audits. These helped to promptly highlight when improvements were required.

The provider was open and transparent and was very committed to the service and the staff, but mostly the people who lived there. The registered manager and area manager felt the recruitment process was an essential part of maintaining the culture of the service. People benefited from a provider and management team who worked with external agencies in an open and transparent way and there were positive relationships fostered.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. Staff spoke positively about working for the provider and at the service.

Staff spoke fondly of the people they cared for and stated they were happy in their work. Management monitored the culture, quality and safety of the service by visiting to speak with people and staff to make sure they were happy. Staff said; "They (the registered manager) has an open-door policy." Another said; "I'd put my mum in here!"

People lived in a service which was continuously and positively adapting to changes in practice and legislation. The provider was fully aware of and had implemented the Care Quality Commission (CQC) changes to the Key Lines of Enquiry (KLOE). They had also looked at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully met people's information and communication needs, in line with the Health and Social Care Act 2012.

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.